

Index of Claims

Application No.

Applicant(s)

Examiner

Art Unit

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/> -	(Through numeral) Cancelled	<input type="checkbox"/> N	Non-Elected	<input type="checkbox"/> A	Appeal
<input type="checkbox"/> =	Allowed	<input type="checkbox"/> +	Restricted	<input type="checkbox"/> I	Interference	<input type="checkbox"/> O	Objected

Claim	Date
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Claim	Date
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